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FACSIMILE TRANSMISSION COVER LETTER

DATE: 4/12/00

NAME: COMMISSIONER OF PATENTS AND TRADEMARKS
EXAMINER: JULIE LIEU
COMPANY: GROUP: 2736

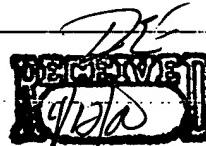
FAX NUMBER: 703-308-6743

FROM: H. GORDON SHIELDS

TOTAL NUMBER OF PAGES, INCLUDING THIS COVER LETTER: 6

RE: PATENT APPLICATION OF JEFFREY C. BROWN, 09/398,274, FILED 9/20/99

MESSAGE: Official



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FACSIMILE OPERATOR: JUDY

AMENDMENT TRANSMITTAL LETTER			Docket Number (Optional) 9920		
Application Number 09/398,274	Filing Date 9/20/99	Examiner J. LIEU		Group Art Unit 2736	
Invention Title BRAKE LIGHT APPARATUS					
<p>TO THE COMMISSIONER OF PATENTS AND TRADEMARKS Transmitted herewith is an amendment in the above - identified application.</p> <p> <input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed. <input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> The fee has been calculated as shown below: </p>					
Official					
CLAIMS AS AMENDED					
(1)	(2)	(3)			
TOTAL CLAIMS	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER	EXTRA	RATE
INDEPENDENT CLAIMS	minus	**			x \$22
MULTIPLE DEPENDENT CLAIM ADDED	minus	***			x \$76
TOTAL				\$ 230	
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL	
\$					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20". *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3". The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.					
<p><input type="checkbox"/> Please charge Deposit Account Number _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account Number _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Any additional filing fees required under 37 CFR 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
<u>4-12-2000</u> Date			 Signature		